

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10065452

FILING DATE

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	4					
2	1					
3		1				
4						
5						
6		1				
7		1				
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50						
TOTAL IND.	6					
TOTAL DEP.	1					
TOTAL CLAIMS	7					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
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TOTAL CLAIMS								